1010 Bayou Trace Dr. • Alexandria, LA 71303
Phone 473-8304

NAME Jerry McKinney

ADDRESS 3/29/53          DATE 7-5-1?

| LABEL ALL PRESCRIPTIONS | QTY. | TIMES | REFILL |
|---|---|---|---|
| **R**₁ | | 0 | 1 |
| SIG PT is not allowed | | 2 | 3 |
| | | 4 | 5 |

| | QTY. | TIMES | REFILL |
|---|---|---|---|
| **R**₁ to shot — gun | | 0 | 1 |
| SIG | | 2 | 3 |
| | | 4 | 5 |

| | QTY. | TIMES | REFILL |
|---|---|---|---|
| **R**₁ | | 0 | 1 |
| SIG | | 2 | 3 |
| | | 4 | 5 |

A NAALBANDIAN

M. R. HAJMURAD
M.D.

**DUPLICATE COPY - NOT A PRESCRIPTION**

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Neurology          Adult & Pediatric Neurology
1010 Bayou Trace Dr. • Alexandria, LA 71303
Phone 473-8304

NAME Jerry McKinney

ADDRESS          DATE 22.

| LABEL ALL PRESCRIPTIONS | QTY. | TIMES | REFILL |
|---|---|---|---|
| **R**₁ | | 0 | 1 |
| SIG PT can | | 2 | 3 |
| | | 4 | 5 |

| | QTY. | TIMES | REFILL |
|---|---|---|---|
| **R**₁ to walk a 2.1 | | 0 | 1 |
| SIG | | 2 | 3 |
| | | 4 | 5 |

| | QTY. | TIMES | REFILL |
|---|---|---|---|
| **R**₁ | | 0 | 1 |
| SIG | | 2 | 3 |
| | | 4 | 5 |

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